State Drug Controllers and major associations of manufacturers and dealers in drugs.

Under the various provisions of Drugs and Cosmetics Act and Rules thereunder, State Licensing Authorities withdraw batches of drug formulations reported to be sub-standard jn nature. T.A. is a continuous process.

To prevent sale of spurious drugs, penalties under the Drugs and Cosmetics Act have been enhanced. State Drug Control authorities carry out raids and launch prosecutions. The State Governments, who are the licensing authority under the Act, Have been advised to strengthen the State Drug Control machineries establish intelligence-cum-legal cells and ensure adequate testing facilities. The Central Government assists the States by testing of samples at Central Drugs Laboratory, Calcutta,

Agreement signed with junior doctors. federation in 1986

*179. SHRl ATAL BIHARI VAJPAYEE; SHRl KAILASH PATI MISHRA

Will the Minister of HEALTH - AND FAMILY WELFARE be pleased to refer to the reply to the Unstarred Question 413 given in the "Rajya Sabha on th© 15th November, 1988 and state;

(a) what were the provisions of the package of benefits offered by Government to doctors in July 1987 which have not been implemented;

(b) wnether various associations of doctors have complained in this regard, is so, Governments response thereto;

(c) what are the provisions of the Agreement of 1986 between Government and the Junior Doctors Federation; and

(d) what are the provisions of that Agreement which are still un-implemented and what is the clause 'D' of this agreement and the Government steps taken so far to fulfil its own commitment?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARl SAROJ-KHAPARDE); (a) and (b) The items regarding placement of Chief Medica! Officers, Associate Professors with 6 years service and Specialist Grade II officers of Public Health with 9 years service in the scale of Rs. 4500—5700 included in the package of benefits have not been implemented as all the administrative formalities involved in the process have not completed. Expeditious action is being taken to complete the implementation.

The docors have represented for early implementation $_0$f the outstanding provisions of the package announced by Government in July, 1987 as well as several other unacceptable and new demands.

(c) and (d) A copy of the agreement dated 13-11-1986 entered into between tha representativs of the Junior Doctors Federation and the Government of India *H* attached at Annexure

Junior Doctors have represented that in terms of clause (d) of the agrement (Annexure), their emoluments should be increased on account of increase in the non-practising allowance for Central Health Service doctors and grant of contingency allowance to them. Junior doctors ar$_e$ not part of the Central Health Service. The pay of Junior Doctors is inclusive of non-practising allowance; it also includes post-graduate allowance in case of senior Residents. In respect of both Junior doctors (Junior residents and Senior residents) and Central Health Service and other service doctors, the pay and non-practising allowance/post-graduate allowance has been fixed with effect from 1-1-1986 though orders were issued on different dates Therefore the question of revision of pay of junior doctors on the basis of non-practising allowance of Central Health Service officers does not arise. The question of contingency allowance for Junior Doctors is under consideration.

The Government do not accept the demand of senior residents that they should be paid at par with specialists because senior residents are just post-graduates whereas the prescribed qualification for Specialist is post-graduation with three years experience in case of post-graduate degree and five years' experience in case of post-graduate diploma.

ANNEXURE

Copy of agreement between Government of lndia and Junior Doctors Federation of Delhi signed on 13-11-1986.

The Junior Doctors' Federation of Delhi and Associations of other Central Medical Institutions welcome the Government proposal to undertake a review of Residency Scheme with a view to placing it on more sound lines so that the discontent of the Resident Doctors could be re-Moved and the functioning of the Scheme improved to benefit the patients who Ifrong our hospitals.

The Junior Doctors' Federation of Delhi and Associations of other Central Medical Institutions are gratified to note ttat:—

(a) The Junior Residents/House Surgeons will be paid respectively !Rs. 2400, Rs. 2475, Rs. 2500 per month ln the first, second and third year of Iheir junior residency. This will he in-elusive of all allowances including NPA They will be eligible for admissible CCA and HRA. They will be sanctioned DA. on 90 per cent of the remuneration.

(b) Senior Residents will be Paid respectively Rs. 3000, Rs. 3100, Rs. 3200 in the first, second and third year. This will be inclusive of all allowances including P.G. Allowance and NPA. They will De eligible tor admissible CCA and HRA. They will be sanctioned D.A. as admissible on 90 per cent of their consolidated remuneration.

(c) The revised remuneration approved for the Junior and Senior Residents will be disbursed to the Resident Doctors expenditioasly. The sanction of this remuneration will be with effect from 1-1-1986. The revised CCA and HRA will be sanctioned with effect from 1-10--86.

(d) These remunerations will be subject to revision as and when remuneration of other relevant Government servants are revised including revision made in the Fourth Pay Commission recommendations.

(e) The JDF and Associations of other Central Medical Institution;, request the Government to consider thi sanction of emolumentg of Specialists to Senior Residents.

(f) The JDF request$_s$ the Government to consider the period of Residency Scheme for purpose of pension retirement benefits, sanction of advance increments in lieu of the residency service and relaxation of age limit to the extent of Residency Service.

(g) There will be no victimisation of all those who participated in the strike. Those who have been suspended|whose services have been terminated on account of strike will be reinstated. If any criminal cases are pending against them on account of strike, they will be withdrawn.

(h) The strike period will be condoned with the concurrence of MCI and concerned Universities for academic purposes.

In view of the above the JDF and associations of other central medical institutions have decided to call off the strike and join duty immediately.

Sd/-
(P. P. CHAUHAN)
Sd/-
(Dr. Lokesh Kumar)
Convenor, J.D.F.

Sd/- 13-11-1986
(Dr. Amit Kumar Mitra)

Sd/- 13.1-86
(Dr. Sharad Mithal)

(S. P. Roy Chaudhuri)

Sd/-
(Ashish Mital)
President, RDA, AIIMS

Joint Secretary
Ministry of Health and F.W.
Government of India.

Sd/- 13.11-86
(Dr. K. B. Bala Raju)
Sd/-13-ll-86
(Mathew Varghese)
Maulana Azad Med. College)

Sd/-
(Ashok Kumar Hemal)
President, R. D. A.
Safdarjung Hospital.

यूरेनियम की तस्करी

*180. **श्री विश्वासराव रामराव पाटिल :** क्या **प्रधान मंत्री** यह बताने की करेंगे कि :

(क) क्या यह सच है कि जादुगुडा खानों से चीन और पाकिस्तान को यूरेनियम की तस्करी की जारही है ;

(ख) इन अपराधों के संबंध में अब तक कितने व्यक्तियों को गिरफ्तार किया गया है और कितने मामलों की जांच की गई है ; और

(ग) तस्करी की इन गतिविधियों को रोकने के लिए सरकार द्वारा क्या कदम उठाये जा रहे हैं ?

नागर विमानन और पर्यटन मंत्रालय के राज्य मंत्री (श्री शिवराज पाटिल): (क) जी, नहीं।

(ख) यह प्रश्न उठता ही नहीं।

(ग) जादुगुडा स्थित यूरेनियम खान तथा मिल कम्पलैक्स में केन्द्रीय औद्योगिक सुरक्षा बल के कार्मिकों के अधीन सुरक्षा के कड़े प्रबन्ध किए हुए हैं। ये कार्मिक रात-दिन ड्यटी पर रहते हैं। सुरक्षा सुनिश्चित करने और जादुगुडा से यूरेनियम सांद्र की चोरी होने को रोकने की दृष्टि से उस स्थान के आसपास जहां से तैयार माल संयंत्र से बाहर आता है, बाड़ लगी हुई है और तीनों पारियों में केन्द्रीय औद्योगिक सुरक्षा बल के कार्मिक उस जगह की निगरानी करते हैं।

छोटे तथा मझले आकार के रंगीन टेलीविजनों तथा रंगीन ट्यूबों का विनिर्माण

@1307. **श्री मीर्जा इर्शादबेग :** क्या **प्रधान मंत्री** यह बताने की कृपा करेंगे कि :

(क) देश में सरकारी तथा गैर-सरकारी क्षेत्र में टेलीविजन विनिर्माताओं की संख्या कितनी-कितनी है तथा श्वेत-श्याम टेलीविजन तथा रंगीन टेलीविजन के उत्पादन के संबंध में ब्यौरा क्या है ;

(ख) टेलीविजन सैटों की कम मूल्य पर उपलब्ध कराने के लिए सरकार द्वारा क्या योजनायें बनाई गई हैं ;

@पूर्वतः अतारांकित प्रश्न 564, 27 फरवरी, 1989 से स्थानांतरित।